

DRAFT IEP TEMPLATE Signature and Parent Consent

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Name _____ Birth Date ____/____/____ Date ____/____/____

LEA Representative Date ____/____/____

General Education Teacher Date ____/____/____

Student Date ____/____/____

Special Education Specialist Date ____/____/____

Additional Participant/Title Date ____/____/____

Additional Participant/Title Date ____/____/____

Additional Participant/Title Date ____/____/____

Additional Participant/Title Date ____/____/____

Additional Participant/Title Date ____/____/____

Additional Participant/Title Date ____/____/____

Additional Participant/Title Date ____/____/____

Interpreter/Translator Date ____/____/____

PARENT CONSENT (please initial areas of agreement)

_____ I participated in the development of the IEP

_____ If this is an initial/triennial IEP, I have received & reviewed the evaluation report.

_____ I agree to all parts of the IEP *or* _____ I agree with the IEP, with the exception of _____

_____ I have received and have been given an opportunity for a full explanation of the Procedural Safeguards.

_____ I understand that my child is no longer eligible for special education.

_____ On or before the student's 17th birthday, he/she has been advised of rights at age of majority (age 18) ____/____/____
(Initial) Date By Whom _____

☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult student attended meeting: ☐ Yes ☐ No

Signature: _____ Date ____/____/____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult student

Signature: _____ Date ____/____/____
☐ Parent ☐ Guardian ☐ Surrogate ☐ Adult student

Parent requested a copy of IEP in primary language: ☐ Yes ☐ No Primary Language _____

☐ Student enrolled in private school by their parents. Refer to Individual Service Plan, if appropriate.